ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **Marion General Hospital**

City: Marion County: Grant Year: 2003

Provider Type: General Acute

I. Inpatient Care					
Hospital Service Description				Average Charge Per Discharge	
Burn Care	0	0	0	\$0	
Cardiac Intensive	0	0	0	\$0	
ICU Med/Surg	27	669	3,569	\$4,815	
ICU Neonatal	0	0	0	\$0	
ICU Pediatric	0	0	0	\$0	
Medical/Surgical	109	5,024	19,725	\$2,156	
Neonatal Intermed	0	0	0	\$0	
Obstetrics	14	922	1,817	\$3,821	
Pediatric	22	681	1,776	\$1,287	

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	172	7,296	26,887	NA
Normal Newborn	20	748	2,057	\$1,375

II. Outpatient Visits					
Circulatory System	13,490	Digestive System	5,215		
Endocrine System	13,164	Injuries and Poison	11,277		
Mental Disorder	2,152	Musculoskeletal	11,185		
Neoplasms	6,800	Nervous	3,550		
Respiratory	8,677	Urinary	7,776		
Other/Unknown	52,156	Total Visits	135,442		
Number of Visits to Emer	39,910				
Percent of Emergency Department Visits of Total Visits			29.5%		

## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	Y - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

**Health Care Regulatory Services** 

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